

SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT



APPLICATION FOR PERMIT OR PLAN REVIEW (CONSTRUCTION)

Date: _____

For BART use only

Attention: Manager,
Right of Way Management Division.

PERMIT No.

Application is made for permission to perform the following in the BART Right of Way:

Check all that applies:

- ☐ Excavate
- ☐ Construct Temporary Improvement
- ☐ Construction Permanent improvement
- ☐ Permit to _____

Submitted Document

- ☐ Drawings – 6 sets (11x17 preferred)
- ☐ Plans and Specs. – 6 sets
- ☐ others _____ (6 sets)

Start Date _____

End Date _____

Estimated Duration _____

Detailed scope of work (describe in details all work requested for permit): _____

List/Describe type of Equipment to be used: _____

Approximate cost of work in the permit area \$ _____

Type of construction (check all that applies)

Type of Pipe

☐ Underground

☐ Surface

Excavation

☐ Length _____

☐ Width _____

☐ Depth _____

Conduit

☐ Type of Conduit _____

☐ No. of Ducts _____

☐ Buried Cable _____

☐ Others _____

☐ Surface type to be disturbed (if any) _____

Method of work: _____

Is the proposed work in the BART operating envelope? ☐ Yes ☐ No

Is the proposed Permit Area within 50 feet (Vertical or Horizontal) of Trackway? ☐ Yes ☐ No

If yes to any of the above, evidence of Railroad Protective Liability coverage may be required.

Applicant agrees to submit the As-built drawings (if required) after final inspection and sign-off. Failure to submit As-built may result in forfeiture of refundable deposit. Please allow 4 to 6 weeks for processing this application. Expect refundable deposit about 30 days after sign-off

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Environmental Review

Specify any review for CEQA_____

Identify any document certification_____

Project Approval Date_____

Specify any change to existing landscape or irrigation_____

Will any excavated material be transported off of Permit Area ☐ Yes ☐ No

Does the proposed work involve fuel or known hazardous material on BART premises? ☐ Yes ☐ No

If yes, please specify and/or explain (Including any fuel storage capacity).

Name of Applicant (print company or agency)

Joint construction applicant

Address (Print)

Address (Print)

By (authorized signature)

Phone

By (authorized signature)

Phone

Name & Title (Print)

Name & Title (Print)

For official use only

Permit No._____

Date Issued: _____

Work Order No._____

Reviewed by

ROW Management_____

Traction Power_____

Application receipt date:_____

Mechanical Engineering_____

Safety_____

Refundable deposit_____

Civil/ Engineering._____

Engineering Liaison_____

Completion date_____

Electrical Engineering_____

Field. Management_____

As-built submittal date_____

Electrical Engineering_____

Insurance Department._____

Deposit Return Date _____

As-Built Drawings required ☐ Yes ☐ No

Location: _____ Inspector/ Safety Monitor's name_____

Line_____

Mile Post_____ Inspector/Safety Monitor Sign-off_____

Date: _____

Notes:_____

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